

ORIGINAL COPY FOR JUDGE



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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

APR 18 2008 *aw*

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

APR 18 2008

EDen MAYA

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

08CV2235

JUDGE SHADUR

(**MAG. JUDGE COX**

vs.

TOM DART
SALVADOR GODINEZ

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

- ☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)
- ☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)
- ☐ **OTHER (cite statute, if known)**

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: EDen MAYA
- B. List all aliases: None
- C. Prisoner identification number: 2005-0074699
- D. Place of present confinement: COOK county Jail
- E. Address: 2700 South California, Chicago IL, 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: TOM DART
 Title: COOK county Jail Sheriff
 Place of Employment: COOK county Jail / Daley center
- B. Defendant: SALVADOR RODRIGUEZ
 Title: DIRECTOR OF C.C. J.
 Place of Employment: COOK county Jail
- C. Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

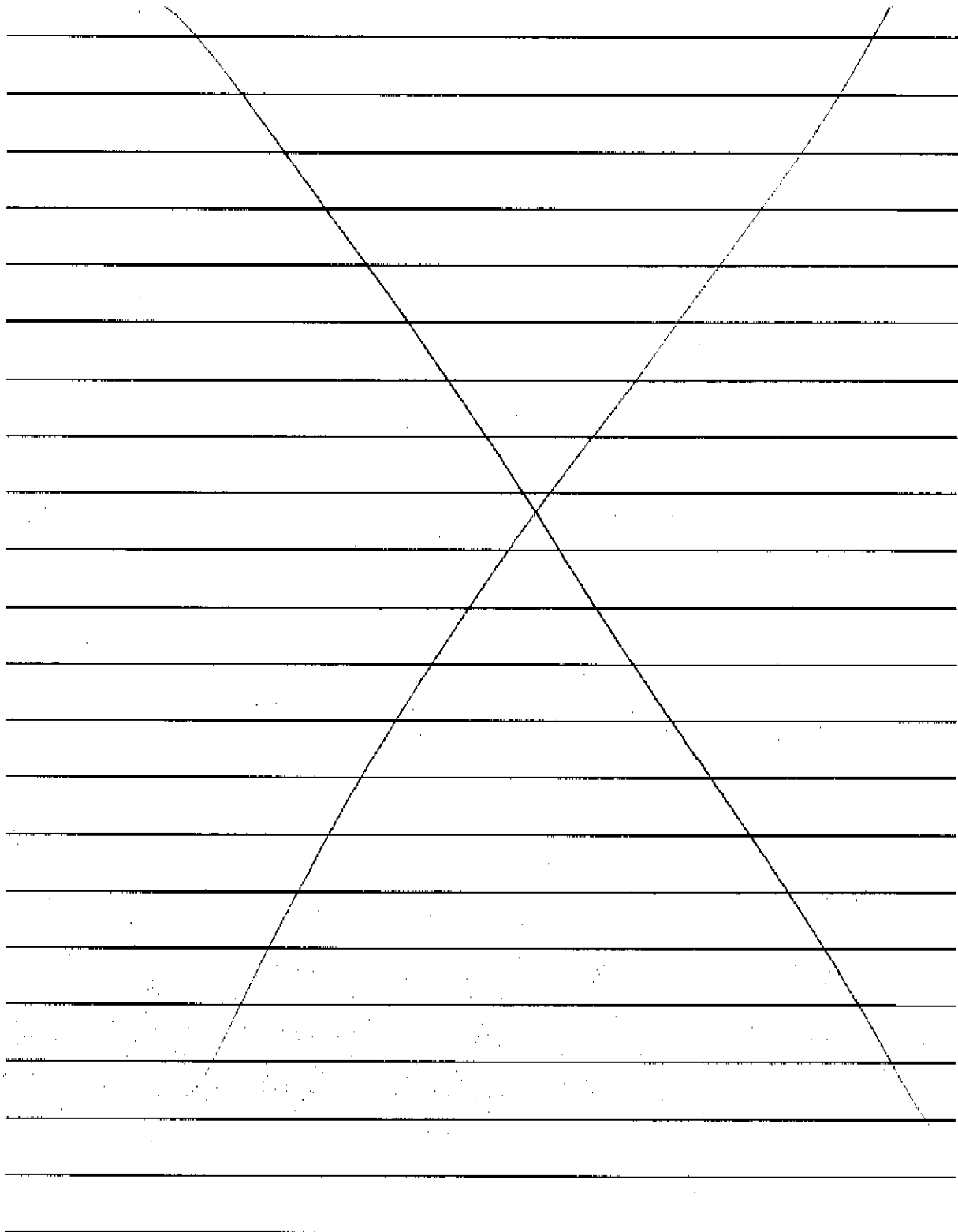
- A. Name of case and docket number: _____
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____
- D. List all defendants: _____
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____
- G. Basic claim made: _____
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

While in the Cook County Jail, I sustained a serious sexual violent assault to my person on 12/6/07 while in Division 10-2A, I was sent to a hospital for D.N.A. Testing and for the collection of semen specimen for evidence. Since that incident, I have not been afforded the right to any further testing nor has anybody from investigations or a counselor concerning my mental status on the seriousness of this matter, I believe if it were not for my grievance being filed and wanting to press fully felony rape charges against my attacker that C.C.D.O.C. officials would sweep this incident under the rug. Officials and staff alike are extremely guilty of not protecting the pre-trial detainee they so choose to house within their jail and are guilty of reckless disregard, gross negligence, deliberate indifference and in violation of my state and federal laws mainly my cruel and unusual punishments under the 8th amendments and my 14th Amendment on Due Process and equal protection clauses.



V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like the court to Give me Counseling for the offense and to award me for Punitive and compensatory Damages, Mental Anguish, and for the Attorneys fees for the extreme violation of my person both physically and mentally. I'd like to be awarded with 840 Million Dollars.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 25th day of March 20 08

Eden Maya

(Signature of plaintiff or plaintiffs)

EDEN MAYA
(Print name)

2005-0074699
(I.D. Number)

EDEN Maya

P.O. Box 089002

Chicago IL, 60608

(Address)

Part-A / Control #: 2008X 0344Referred To: I.A.D.☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: MAYA First Name: EDENID #: 2005 - 0074699 Div.: 9-3H Living Unit: 3264 Date: 2 / 17 / 08

BRIEF SUMMARY OF THE COMPLAINT: 8TH Amend Violation of cruel and unusual punishment PER 730 ILCS 5/3-7-4 State officials have a duty to protect inmates from one another they are charged with total Reckless Disregard for My safety Deliberate Indifference and Gross Negligence. ON 12/6/07 while in Div 10-2A I was Sexually Assaulted and Abused And was sent to hospital for the collection of Semen and D.N.A. Testing against My attacker My 14TH Amendment of Due process and equal protection clauses have been extremely Violated in that I've not been afforded any further treatment nor counseling in this Mental Anguish Matter. I also spoke to A Sgt Diaz of whom assured me that the violator would be Prosecuted. I want to press full felony Rape charges against him

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: Sgt Diaz in Gangs, SUPT OF DIV 10, The Cermak DR who Attended to Me on that Date, and Internal Affairs should of Done spoke to me Already

ACTION THAT YOU ARE REQUESTING: I want the Guy who did this to me to Get Felony Rape charges filed against him and I will seek State and Federal Action against All parties who do not help me on this Important Issue against my person. I'll seek punitive Damages.

DETAINEE SIGNATURE: Eden Maya

C.R.W.'S SIGNATURE: V ButtsDATE C.R.W. RECEIVED: 02 / 21 / 08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Maya First Name: L DEN ID# 2005-474699

Is This Grievance An Emergency? YES ☐ NO ☒

C.R.W.'S Summary Of The Complaint: Detainee alleges he was sexually assaulted by another detainee and wants to press charges.

C.R.W. Referred Griev. To: I.A.D. Date Referred: 02/22/08

Response Statement: IDP case file #07-0001936C was open, immediately will contact detainee. (Criminal Case).

Vk. Minum Santos - [Signature] Date: 2/27/08 Div./Dept. 240
(print - name of individual responding to this griev.) (signature of individual responding to this griev.)

Ch. of Brazil - [Signature] Date: 3/5/08 Div./Dept. IX
(print - name of Supt. / Designee / Dept. Admin.) (signature of Supt. / Designee / Dept. Admin.)

[Signature] - [Signature] Date: 3/4/08
(print - name of Prog. Serv. Admin. / Asst. Admin.) (signature of Prog. Serv. Admin. / Asst. Admin.)

Date Detainee Received Response: 03/06/08 Detainee Signature: Eden Maya

REQUEST FOR AN APPEAL

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 3/6/08

Detainee's Basis For An Appeal: THERE IS NO QUESTION AS TO MY ABSOLUTE RIGHT TO PRESS CHARGES AND FOR THIS INDIFFERENCE I WILL SEEK PUNITIVE AND COMPENSATORY DAMAGE FOR COOK COUNTY JAILS GROSS NEGLIGENCE AT Failing to provide protection and adequate medical toward my person

Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☒

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator: Under investigation.

Appeal Board's Signatures / Dates: [Signature] 4/1/08 [Signature] 4/1/08

GRIEVANCE CODE(S): () () () () **DETAINEE**